# SCHEDULE A (FEC Form 3X)
# ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)

## MHA Federal Pac

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**A.** Full Name (Last, First, Middle Initial)
Mr. Stephen G Carlson

Mailing Address
176 Fairway Drive

| City | State | Zip Code |
|------|-------|----------|
| Missoula | MT | 59804-7408 |

FEC ID number of contributing federal political committee. [C] [          ]

Name of Employer
Community Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
[ ] Primary  [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
$500.00

Date of Receipt
03 / 30 / 2011

Amount of Each Receipt this Period
$500.00

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**B.** Full Name (Last, First, Middle Initial)
Mr. Stephen G Carlson

Mailing Address
176 Fairway Drive

| City | State | Zip Code |
|------|-------|----------|
| Missoula | MT | 59804-7408 |

FEC ID number of contributing federal political committee. [C] [          ]

Name of Employer
Community Medical Center

Occupation
President and Chief Executive Officer

Receipt For:
[ ] Primary  [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
$1,600.00

Date of Receipt
06 / 08 / 2011

Amount of Each Receipt this Period
$1,100.00

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**C.** Full Name (Last, First, Middle Initial)
Mr. Mark A Cross

Mailing Address
P O Box 755

| City | State | Zip Code |
|------|-------|----------|
| Shelby | MT | 59474-0915 |

FEC ID number of contributing federal political committee. [C] [          ]

Name of Employer
Marias Medical Center

Occupation
Chief Executive Officer

Receipt For:
[ ] Primary  [ ] General
[ ] Other (specify) ▼

Aggregate Year-to-Date ▼
$600.00

Date of Receipt
06 / 08 / 2011

Amount of Each Receipt this Period
$600.00

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SUBTOTAL of Receipts This Page (optional) ................................ ▶  $2,200.00

TOTAL This Period (last page this line number only) ........................ ▶